Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>1-2-07</u>	Address;	<u>15580 12TH ROAD</u>
Case #:	<u>24-27966</u>		PLYMOUTH, IN 46563
County:	MARSHALL		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab :al/Glassware/Equipment (only) itc (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:
(check all the Lithium	Ammonia Reaction(s); On porch of		
Rcd Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Porch and yard			
Water Reactive Metal (Lithium): Porch and yard			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: <u>In kitchen</u>			
Corrosive Base: Residence and Porch			
Other (item and location):			
Yes 2 (No No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	Information Pseudocphedrine Tracking Log rehant Tip
This report	t is to be faxed to the following agen	cies that serve the lo	cation:
Fire Departi	Department: PLYMOUTH FIRE Fax: 574-936-5256		36-5256
Health Department: MARSHALL		Fax: <u>574-93</u>	
Child Protec	edion Service: MARSHALL	Fax: <u>574-936-6027</u>	
For further i	information regarding this methamphe g Officer: JASON FALL STICH	etamine laboratory, co	mtact

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.